Case 17-33450-KLP Doc 24 Filed 07/28/17 Entered 07/28/17 11:41:43 Desc Main

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Fill in this info	rmation to identify your	case:			
Debtor 1	Elnora Elizabeth	Pope			
	First Name	Middle Name	Last Name		
Debtor 2	Larry Donnell Po	pe			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT C	PF VIRGINIA		
Case number	17-33450				
(if known)					Check if this is an amended filing
Official E	orm 106Sum				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after your second to the sched

Par	t1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	245,400.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	35,237.01
	1c. Copy line 63, Total of all property on Schedule A/B	\$	280,637.01
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	378,169.84
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	12,727.94
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	55,663.70
	Your total liabilities	\$	446,561.48
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,415.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,758.67
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
	■ Yes What kind of debt do you have?		
7.			
7.	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	n personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Elnora Elizabeth Pope Case number (if known) 17-33450

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,415.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	3,994.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	8,733.94
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	12,727.94

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Fill in this informat	tion to identify	your case and th						
Debtor 1	Elnora Elizab	eth Pope						
-	First Name	Middle	Name	Last Name				
Debtor 2 (Spouse, if filing)	Larry Donnel	I Pope Middle	Name	Last Name				
0,								
United States Bankı	ruptcy Court for t	the: EASTERN	DISTRI	CT OF VIRGINIA				
Case number 17-	-33450							
							amended filing	
Official Forn	<u>n 106A/B</u>							
Schedule	A/B: Pr	operty					12/15	
nink it fits best. Be a	s complete and a	ccurate as possible	e. If two	only once. If an asset fits in more than one of married people are filing together, both are entire form. On the top of any additional pages,	qually responsible	for suppl	lying correct	
nswer every questio		itacii a separate si	ieet to ti	ins form. On the top of any additional pages,	write your mame ar	iu case iii	umber (ii known).	
Part 1: Describe Eac	ch Residence, Bu	ilding, Land, or Otl	ner Real	Estate You Own or Have an Interest In				
. Do you own or nav	e any legal or equ	intable interest in a	ny resid	ence, building, land, or similar property?				
☐ No. Go to Part 2.								
Yes. Where is the	e property?							
1.1 E220 Dieker	oon Bood		What	is the property? Check all that apply				
5220 Dickers Street address, if av	vailable, or other desc	ription		Single-family home		educt secured claims or exemptions. Put unt of any secured claims on Schedule D:		
				Duplex or multi-unit building Condominium or cooperative			Secured by Property.	
				Condominant of cooperative				
				Manufactured or mobile home	Current value of t	he (Current value of the	
Partlow	VA	22534-0000		Land	entire property?	p	oortion you own?	
City	State	ZIP Code		Investment property Timeshare	\$245,400	.00	\$245,400.00	
				Other			r ownership interest by by the entireties, or	
			Who	has an interest in the property? Check one	a life estate), if kn	own.		
				Debtor 1 only	Tenants By Th	ne Entir	ety	
Spotsylvania	a			Debtor 2 only				
County				Debtor 1 and Debtor 2 only	☐ Check if this	is commu	inity property	
				At least one of the debtors and another	(see instructions		, p p ,	
				r information you wish to add about this item	, such as local			
			prop	erty identification number:				
2 Add the deller	value of the ne	rtion you own to	r all of	your entries from Part 1, including any e	entries for			
	•	•		r here		ı	\$245,400.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Debte Debte		nora Elizabeth Pope Irry Donnell Pope		Case number (if known) 1	7-33450
3. Ca	rs, vans,	trucks, tractors, sport utility v	vehicles, motorcycles		
	No				
—	Yes				
3.1	Make:	Chevrolet	Who has an interest in the property? Check one		d claims or exemptions. Put
	Model:	Trailblazer	Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2004	☐ Debtor 2 only	Current value of the	Current value of the
	Approxim	ate mileage:	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other info		\square At least one of the debtors and another		
	no tran	e does not run and has smission, value is ed based on condition	Check if this is community property (see instructions)	\$800.00	\$800.00
		N		Do not doduct cocuro	d claims or exemptions. Put
3.2	Make:	Nissan	Who has an interest in the property? Check one	the amount of any sec	cured claims on Schedule D:
	Model:	Altima	Debtor 1 only	Creditors Who Have 0	Claims Secured by Property.
	Year:	2006	Debtor 2 only	Current value of the	Current value of the
		ate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other info	ormation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$800.00	\$800.00
		Ford		Do not deduct secure	d claims or exemptions. Put
3.3	Make:	Econoline	Who has an interest in the property? Check one	the amount of any sec	cured claims on Schedule D:
	Model:	2001	Debtor 1 only	Creditors Who Have 0	Claims Secured by Property.
	Year:		Debtor 2 only	Current value of the	Current value of the
	Approxim Other info	ate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		e does not run and has	At least one of the debtors and another		
	no tran	smission, value is ed based on condition	☐ Check if this is community property (see instructions)	\$400.00	\$400.00
3.4	Make:	Dodge	Who has an interest in the property? Check one		d claims or exemptions. Put
	Model:	Journey	■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2009	Debtor 2 only	Current value of the	Current value of the
	Approxim	ate mileage:	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other info	ormation:	☐ At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$4,575.00	\$4,575.00
3.5	Make:	Dodge	Who has an interest in the property? Check one		d claims or exemptions. Put cured claims on Schedule D:
	Model:	Ram	Debtor 1 only		Claims Secured by Property.
	Year:	2006	Debtor 2 only	Current value of the	Current value of the
		ate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other info	ormation:	At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$13,100.00	\$13,100.00

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1 Elnora Elizabeth Pope 17-33450 Debtor 2 **Larry Donnell Pope** Case number (if known) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Who has an interest in the property? Check one 4.1 Make: Jayco Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Eagle Creditors Who Have Claims Secured by Property. 1997 Year: Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Camper not running, value is \$1,000.00 \$1,000.00 ☐ Check if this is community property (see instructions) estimated based on condition 4.2 Make: Who has an interest in the property? Check one Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Year: Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information At least one of the debtors and another ☐ Check if this is community property \$500.00 \$500.00 250 ATV (see instructions) 4.3 Make: Who has an interest in the property? Check one **Shadow** Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Year: 2016 Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$5,000.00 Trailer title has not been \$5,000.00 ☐ Check if this is community property (see instructions) transferred into debtors name yet, debtor is making payments on trailer 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$26,175.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Π Nο Yes. Describe..... Living Room Furniture - sofas, tables, chair, lamps, pictures, \$500.00 mirrors Dining Room - table, chairs, buffet, sideboard, china, crystal, silver \$300.00 Kitchen - Small appliances, table, chairs, cookware, dishes \$100.00

Official Form 106A/B

Bedrooms - beds, dressers, desk, chairs, tables

\$220.00

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Debtor 2	Larry Donne	ell Pope		Case number (if known)	17-33450
		Garage/ Shed/ Baseme	nt - lawn mower, tools, lawn furn	iture	\$30.00
□ No	oles: Televisions a		o, and digital equipment; computers, princers, games		<u> </u>
Exam _i ■ No		d figurines; paintings, prints, or ions, memorabilia, collectibles	other artwork; books, pictures, or other	art objects; stamp, coir	n, or baseball card collections;
Exam _i	ment for sports a ples: Sports, photo musical instr s. Describe	ographic, exercise, and other h	obby equipment; bicycles, pool tables,	golf clubs, skis; canoes	and kayaks; carpentry tools;
		Treadmill, weight bencl	h, resistance belts, floor mats		\$100.00
■ No □ Yes 11. Cloth Exar ■ No □ Yes 12. Jewe Exar ■ No	nples: Pistols, rifle b. Describe es nples: Everyday c b. Describe	es, shotguns, ammunition, and lothes, furs, leather coats, desi		ewelry, watches, gems,	gold, silver
Exar □ No	farm animals nples: Dogs, cats, s. Describe	birds, horses			
		3 dogs			\$0.00
■ No	other personal ar		not already list, including any health	aids you did not list	
		-	art 3, including any entries for pages	you have attached	\$1,750.00
	escribe Your Finar		any of the following?		Current value of the
טט you מ	will or nave any	legal or equitable interest in	any or the following?		Current value of the

Official Form 106A/B

Debtor 1

portion you own?
Do not deduct secured

page 4

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De	ebtor 2	Larry Donnell Pope		Case	number (if known)	17-33450
						claims or exemptions.
16.	■ No	les: Money you have in y	. ,	ome, in a safe deposit box, and on hand when	you file your petition	on
17.				ounts; certificates of deposit; shares in credit us with the same institution, list each.	ınions, brokerage h	nouses, and other similar
				Institution name:		
		17.1.	Checking	Wells Fargo Bank (overdrawn)		\$0.00
		17.2.	Savings	Wells Fargo Bank (overdrawn)		\$0.00
		17.3.	Checking	Navy Federal Credit Union		\$790.68
		17.4.	Savings	Navy Federal Credit Union		\$1,106.33
	Non-pu joint ve ■ No □ Yes.	enture Give specific information Na ment and corporate bo	about themme of entity:	orated and unincorporated businesses, inc	f ownership:	t in an LLC, partnership, and
	Non-ne ■ No	egotiable instruments are	those you cannot tra	shiers' checks, promissory notes, and money on the someone by signing or delivering the		
	Examp ■ No	nent or pension accounules: Interests in IRA, ERI	SA, Keogh, 401(k), 4	103(b), thrift savings accounts, or other pensio	n or profit-sharing p	plans
22.	Security Your sh Examp ■ No	Type y deposits and prepayn nare of all unused deposi	of account: nents ts you have made so	Institution name: that you may continue service or use from a public utilities (electric, gas, water), telecomm Institution name or individual:		ies, or others
23.	Annuiti ■ No	es (A contract for a perio	dic payment of mone	ey to you, either for life or for a number of year	·s)	
	☐ Yes	lssuer nam	ne and description.			
24.		s in an education IRA, i C. §§ 530(b)(1), 529A(b),		ualified ABLE program, or under a qualifie	d state tuition pro	gram.

Official Form 106A/B Schedule A/B: Property page 5

Case 17-33450-KLP Doc 24 Filed 07/28/17 Entered 07/28/17 11:41:43 Document Page 8 of 57 Elnora Elizabeth Pope Debtor 1 Case number (if known) 17-33450 Debtor 2 **Larry Donnell Pope** Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: **Bankers Life and Csualty Insurance** \$0.00 Company 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Nο ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No

☐ Yes. Describe each claim.......

Case 17-33450-KLP Doc 24 Filed 07/28/17 Entered 07/28/17 11:41:43 Page 9 of 57 Document **Elnora Elizabeth Pope** Debtor 1 Case number (if known) 17-33450 Debtor 2 **Larry Donnell Pope** 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,897.01 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ☐ No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish □ No ■ Yes..... 4 Horses \$2,000.00 48. Crops-either growing or harvested ■ No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ■ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ■ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ■ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$2,000.00 for Part 6. Write that number here

Official Form 106A/B Schedule A/B: Property page 7

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

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Case number (if known) 17-33450 Debtor 2 **Larry Donnell Pope** 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ No Yes. Give specific information....... Unknown Interest in Inheritance Unknown Interest in Retirement 100% Exempt Unknown Interest in Personal Injury Claims 100% Exempt **Interest in Unemployment Claims 100% Exempt** Unknown **Interest in Class Actions Claims** Unknown Interest in Wormer's Compensation Claims 100% Exempt Unknown Unknown Interest in Personal Property **Federal Income Tax Refunds** Unknown **State Income Tax Refunds** Unknown 2015 Federal Income Tax Refund \$2,658.00 \$757.00 2015 State Income Tax Refund 54. Add the dollar value of all of your entries from Part 7. Write that number here \$3,415.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$245,400.00 56. Part 2: Total vehicles, line 5 \$26,175.00 57. Part 3: Total personal and household items, line 15 \$1,750.00 Part 4: Total financial assets, line 36 \$1,897.01 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$2,000.00 Part 7: Total other property not listed, line 54 \$3,415.00 Total personal property. Add lines 56 through 61... \$35,237.01 Copy personal property total \$35,237.01

Official Form 106A/B Schedule A/B: Property page 8

63. Total of all property on Schedule A/B. Add line 55 + line 62

Elnora Elizabeth Pope

Debtor 1

\$280,637.01

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		1 27 17 17 17 17		
Fill in this infor	mation to identify your	case:		
Debtor 1	Elnora Elizabeth	Pope		
	First Name	Middle Name	Last Name	
Debtor 2	Larry Donnell Po	pe		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA	
_	17-33450			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement

×ε	ds—may be unlimited in dollar amount. Hovenption to a particular dollar amount and the che applicable statutory amount.								
Pa	It 1: Identify the Property You Claim as E	Exempt							
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.					
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	☐ You are claiming federal exemptions. 11	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							
2. I	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	5220 Dickerson Road Partlow, VA 22534 Spotsylvania County	\$245,400.00		\$1.00	Va. Code Ann. § 34-4				
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2004 Chevrolet Trailblazer Vehicle does not run and has no	\$800.00		\$800.00	Va. Code Ann. § 34-4				
	transmission, value is estimated based on condition Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	2006 Nissan Altima Line from Schedule A/B: 3.2	\$800.00		\$6,000.00	Va. Code Ann. § 34-26(8)				
	Line nom Schedule AVD. 3.2			100% of fair market value, up to any applicable statutory limit					
	2006 Nissan Altima Line from Schedule A/B: 3.2	\$800.00		\$1.00	Va. Code Ann. § 34-4				
	LINE HOTH SCHEUUIE AVD. 3.2			100% of fair market value, up to any applicable statutory limit					

2001 Ford Econoline

based on condition

Line from Schedule A/B: 3.3

\$400.00

Vehicle does not run and has no transmission, value is estimated

Va. Code Ann. § 34-4

\$1.00

100% of fair market value, up to

any applicable statutory limit

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Elnora Elizabeth Pope Debtor 1 17-33450 **Larry Donnell Pope** Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2009 Dodge Journey Va. Code Ann. § 34-4 \$4,575.00 \$1.00 Line from Schedule A/B: 3.4 100% of fair market value, up to any applicable statutory limit 2009 Dodge Journey Va. Code Ann. § 34-26(8) \$4,575.00 \$6,000.00 Line from Schedule A/B: 3.4 100% of fair market value, up to any applicable statutory limit 2006 Dodge Ram Va. Code Ann. § 34-4 \$1.00 \$13,100.00 Line from Schedule A/B: 3.5 П 100% of fair market value, up to any applicable statutory limit 1997 Jayco Eagle Va. Code Ann. § 34-4 \$1,000.00 \$1,000.00 Camper not running, value is estimated based on condition 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 4.1 250 ATV Va. Code Ann. § 34-4 \$500.00 \$500.00 Line from Schedule A/B: 4.2 100% of fair market value, up to any applicable statutory limit 2016 Shadow Va. Code Ann. § 34-4 \$5,000.00 Trailer title has not been transferred into debtors name yet, debtor is 100% of fair market value, up to making payments on trailer any applicable statutory limit Line from Schedule A/B: 4.3 Living Room Furniture - sofas, Va. Code Ann. § 34-26(4a) \$500.00 \$500.00 tables, chair, lamps, pictures, mirrors Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit Va. Code Ann. § 34-26(4a) Dining Room - table, chairs, buffet, \$300.00 \$300.00 sideboard, china, crystal, silver Line from Schedule A/B: 6.2 100% of fair market value, up to any applicable statutory limit Kitchen - Small appliances, table, Va. Code Ann. § 34-26(4a) \$100.00 \$100.00 chairs, cookware, dishes Line from Schedule A/B: 6.3 100% of fair market value, up to any applicable statutory limit Bedrooms - beds, dressers, desk, Va. Code Ann. § 34-26(4a) \$220.00 \$220.00 chairs, tables Line from Schedule A/B: 6.4 100% of fair market value, up to any applicable statutory limit Garage/ Shed/ Basement - lawn Va. Code Ann. § 34-26(4a) \$30.00 \$30.00 mower, tools, lawn furniture Line from Schedule A/B: 6.5 100% of fair market value, up to any applicable statutory limit

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Elnora Elizabeth Pope Debtor 1 17-33450 **Larry Donnell Pope** Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2 TVs, stereo, computer, 3 cell Va. Code Ann. § 34-26(4a) \$500.00 \$500.00 phones 100% of fair market value, up to Line from Schedule A/B: 7.1 any applicable statutory limit Treadmill, weight bench, resistance Va. Code Ann. § 34-4 \$100.00 \$100.00 belts, floor mats Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit 3 dogs Va. Code Ann. § 34-26(5) \$0.00 \$0.00 Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit **Checking: Navy Federal Credit Union** Va. Code Ann. § 34-4 \$790.68 \$790.68 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Savings: Navy Federal Credit Union Va. Code Ann. § 34-4 \$1,106.33 \$1,106.33 Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit 4 Horses Va. Code Ann. § 34-4 \$2,000.00 Line from Schedule A/B: 47.1 100% of fair market value, up to any applicable statutory limit Interest in Inheritance Va. Code Ann. § 34-4 \$1.00 Unknown Line from Schedule A/B: 53.1 100% of fair market value, up to any applicable statutory limit Interest in Retirement 100% Exempt 29 U.S.C. § 1056(d) Unknown 100% Line from Schedule A/B: 53.2 100% of fair market value, up to any applicable statutory limit **Interest in Personal Injury Claims** Va. Code Ann. § 34-28.1 100% Unknown 100% Exempt Line from Schedule A/B: 53.3 100% of fair market value, up to any applicable statutory limit Interest in Unemployment Claims Va. Code Ann. § 60.2-600 Unknown 100% Exempt Line from Schedule A/B: 53.4 100% of fair market value, up to any applicable statutory limit **Interest in Class Actions Claims** Va. Code Ann. § 34-4 Unknown \$1.00 Line from Schedule A/B: 53.5 100% of fair market value, up to any applicable statutory limit

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Blnora Elizabeth Pope

Debto	Larry Donnell Pope			Case number (if known)	17-33450	
	ef description of the property and line on hedule A/B that lists this property Current value of the		Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	nterest in Wormer's Compensation laims 100% Exempt	Unknown		100%	Va. Code Ann. § 65.2-531	
	ne from Schedule A/B: 53.6			100% of fair market value, up to any applicable statutory limit		
	nterest in Personal Property	Unknown		\$1.00	Va. Code Ann. § 34-4	
	The Hoth Generalic PAB. Got			100% of fair market value, up to any applicable statutory limit		
_	ederal Income Tax Refunds	Unknown		\$1.00	Va. Code Ann. § 34-4	
	The Hoth Generalic PAB. Go.G			100% of fair market value, up to any applicable statutory limit		
_	tate Income Tax Refunds	Unknown		\$1.00	Va. Code Ann. § 34-4	
LI	TIE HOTH Schedule AVB. 33.3			100% of fair market value, up to any applicable statutory limit		
	015 Federal Income Tax Refund	\$2,658.00		\$2,658.00	Va. Code Ann. § 34-4	
L	THE HOLL SCHEUDIE AV.D. 30.10			100% of fair market value, up to any applicable statutory limit		
	015 State Income Tax Refund	\$757.00		\$757.00	Va. Code Ann. § 34-4	
	THE HOTH SCHEULIE FAB. 90.11			100% of fair market value, up to any applicable statutory limit		
	re you claiming a homestead exemption)	
(8	Subject to adjustment on 4/01/19 and every No	3 years after that for ca	ases fi	led on or after the date of adjustmer	nt.)	
_		end by the exemption wi	ithin 1	215 days before you filed this sees	2	
	No	ed by the exemption w	iu III 1	,210 days before you filed this case	:	
	☐ Yes					

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	Document	Page 1	5 of 57		
Fill in this information to identify yo	our case:				
Dobtor 1 Financ Flinche	th Done				
Debtor 1 Elnora Elizabe	Middle Name	Last Name		-	
		Lastivame			
Debtor 2 Larry Donnell (Spouse if, filing) First Name	Middle Name	Last Name		-	
(Opodse II, IIIIIg)	Wildle Name	Lastivame			
United States Bankruptcy Court for th	e: EASTERN DISTRICT OF VIRO	GINIA			
Case number 17-33450					
(if known)					if this is an
				ameno	led filing
000 1 5 4000					
Official Form 106D					
Schedule D: Creditor	s Who Have Claims	Secure	d by Propert	V	12/15
			· ·		
Be as complete and accurate as possible					
is needed, copy the Additional Page, fill i number (if known).	t out, number the entries, and attach it	to this form.	on the top of any addition	nai pages, write your na	me and case
1. Do any creditors have claims secured	hy your property?				
		r oob oduloo \	Vari baya nathing alaa t	to report on this form	
☐ No. Check this box and submit	this form to the court with your other	r schedules.	You have nothing else t	to report on this form.	
Yes. Fill in all of the information	n below.				
Part 1: List All Secured Claims					
	a many than and against the arrival	a ditar a a a a ratal	Column A	Column B	Column C
List all secured claims. If a creditor has for each claim. If more than one creditor has			Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabe			Do not deduct the	that supports this	portion
Five Star Leasing			value of collateral.	claim	If any
Five Star Leasing	Describe the property that secures	the claim:	\$9,000.00	\$5,000.00	\$4,000.00
Corporation Creditor's Name		the claim.			- + 1,000100
ordano s ramo	2016 Shadow Trailer title has not been tra	noforrod			
	into debtors name yet, debt making payments on trailer				
15 Churchville Road	As of the date you file, the claim is:				
Suite 115-185	apply.	. Oncok all that			
Bel Air, MD 21014	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as	mortgage or se	ecured		
Debtor 2 only	car loan)				
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)	Purchase	Money Security		
community debt	— Other (including a right to onset)				
Date debt was incurred 2015	Last 4 digits of account num	nber <u>0357</u>			
2.2 LP Financial Inc	Describe the property that secures	the claim:	\$353.00	\$500.00	\$0.00
Creditor's Name	250 ATV				
	As of the date you file, the claim is:	Chook all that			
506 Twin Oaks Dr	apply.	Crieck all triat			
Johnson City, TN 37601	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as	mortgage or se	ecured		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
At least one of the debtors and another					
☐ Check if this claim relates to a	Other (including a right to offset)	Purchase	Money Security		
community debt	- Other (including a right to offset)		,		

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Debtor 1 Elnora Elizabeth Pope		Case number (if know)	17-33450	
Debtor 2 Larry Donnell Pope	ame Last Name			
First Name Middle Na	ame Last Name			
O				
Date debt was incurred 07/13	Last 4 digits of account number 4867			
Mary Washington				
Healthcare	Describe the property that secures the claim:	\$354.00	\$245,400.00	\$354.00
Creditor's Name	5220 Dickerson Road Partlow, VA			
2300 Fall Hill Avenue Suite 101	22534 Spotsylvania County			
Fredericksburg, VA	As of the date you file, the claim is: Check all that apply.			
22401	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or sec	purod		
Debtor 2 only	car loan)	Julea		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt				
Date debt was incurred 5/13/16	Last 4 digits of account number 7300			
Mary Washington Healthcare	Describe the property that secures the claim:	\$1,447.97	\$245,400.00	\$1,447.97
Creditor's Name	5220 Dickerson Road Partlow, VA			
2300 Fall Hill Avenue	22534 Spotsylvania County			
Suite 101	As of the date you file, the claim is: Check all that			
Fredericksburg, VA 22401	apply.			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Hamber, Subst, Sity, State & E.P. Sodo	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 08/22/12	Last 4 digits of account number 1300			
Mary Washington				
2.5 Mary Washington Healthcare	Describe the property that secures the claim:	\$71,206.75	\$245,400.00	\$71,206.75
Creditor's Name	5220 Dickerson Road Partlow, VA			
2300 Fall Hill Avenue	22534 Spotsylvania County			
Suite 101 Fredericksburg, VA	As of the date you file, the claim is: Check all that			
22401	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or sec car loan)	cured		
■ Debtor 2 only Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Official Form 106D

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	ra Elizabeth Pope			_	Case number (if know)	17-33450	
First N		lame	Last Name				
	y Donnell Pope			_			
First N	ame Middle N	lame	Last Name				
Check if this community of	claim relates to a lebt	Other (include	ding a right to offset)				
Date debt was in	curred <u>06/17/11</u>	Last 4 d	igits of account numl	per <u>9500</u>			
2.6 Santand	er Consumer	Describe the p	roperty that secures t	he claim:	\$13,796.12	\$13,100.00	\$696.12
Creditor's Na	me	2006 Dodge	Ram				
5.5.6	204045	As of the date	you file, the claim is:	Check all that			
Po Box 9	961245 i, TX 76161	apply.	,				
	<u> </u>	Contingent					
Number, Stre	et, City, State & Zip Code	☐ Unliquidated	ı				
Who owes the o	leht? Check one	Disputed	Check all that apply.				
_	Controlled one.	_	nt you made (such as i	mortanao or co	curod		
Debtor 1 only		car loan)	ilit you made (such as i	nortgage or se	cureu		
☐ Debtor 2 only ☐ Debtor 1 and [Dobtor O only	Ctotutom lie	n (such as tax lien, me	ahaniala lian)			
	the debtors and another		en from a lawsuit	chanics lien)			
_	claim relates to a	_	ding a right to offset)	Purchase	Money Security		
community		- Other (include	aing a right to onset)				
Date debt was in	Opened curred 11/14 rgo Hm Mortgag	_	igits of account numl		\$282,012.00	\$245,400.00	\$0.00
Creditor's Nar		5220 Dicker	son Road Partlo	w, VA			· ·
			sylvania County				
_		As of the date	you file, the claim is:	Chack all that			
	gecoach Cir	apply.	you mo, mo olumnio.	Officer all triat			
	k, MD 21701	☐ Contingent					
Number, Stre	et, City, State & Zip Code	Unliquidated	i				
Who owes the s	lebt? Check one.	Disputed	Check all that apply.				
_	AGDE: CHECK OHE.		. Cneck all that apply. Int you made (such as I	martages == -	ourod		
Debtor 1 only		car loan)	in you made (Such as I	nongage or se	cured		
Debtor 2 only	Dahtan Q anh		- (4 - 1)	ala antata Post			
Debtor 1 and I	the debtors and another	_ ′	n (such as tax lien, med en from a lawsuit	chanic's lien)			
	claim relates to a	· ·	ding a right to offset)	Deed of Tr	rust		
	0						
Date debt was in	Opened curred 05/07	last 4 d	igits of account numl	oer 6908			
Add the dollar	value of your entries in C	Column A on this	page. Write that num	ber here:	\$378,169	.84	
	st page of your form, add				\$378,169		
Write that num	ber here:				\$376,169	.04	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debto	r 1	Elnora Elizabeth Pope			Case number (if know) 17-33450				
		First Name	Middle Name	Last Name					
Debto	r 2	Larry Donnell Po	pe						
		First Name	Middle Name	Last Name					
Ш	Non	ne, Number, Street, City	State & Zin Code						
		V Hithcare Regist			On which line in Part 1 did you ente	er the creditor? 2.3 _			
		00 Fall Hill Avenu			Last 4 digits of account number				
		e 509			Last 4 digits of account number	-			
		edericksburg, VA	22401						
	• • •	, , , , , , , , , , , , , , , , , , ,							
ш		ne, Number, Street, City			On which line in Part 1 did you ento	er the creditor? 2.4			
		V Hithcare Regist							
		00 Fall Hill Avenu	е		Last 4 digits of account number	-			
		509							
	Fre	edericksburg, VA	22401						
\Box									
	Nan	ne, Number, Street, City	. State & Zip Code		On which line in Part 1 did you ente	or the graditor? 25			
	M۷	V Hithcare Regist	ered Agt LLC		On which line in r art r did you end	er the creditor:			
	230	00 Fall Hill Avenu	e		Last 4 digits of account number	9500			
	Ste	e 509			_				
	Fre	edericksburg, VA	22401						
			0						
		ne, Number, Street, City			On which line in Part 1 did you ent	er the creditor? 2.7			
		ofessional Foreclo Shapiro & Brow			last 4 diata of account on the	3404			
		•	•		Last 4 digits of account number	<u>)43 i </u>			
		021 Balls Ford Ro Inassas, VA 2010	-						
	ivid	11105505, VA 2010	7						

	Case 1	7-33450-KLP DOC 2	24 Filed 07/28/ Document		nterea <u>19 of 5</u>	07/28/17 11: 57	41:43 Desc	c Main	
Fill	in this informat	ion to identify your case:	12/1/11/11/11	T MIC.	1.9 (11.	, ,			
Del	otor 1	Elnora Elizabeth Pope First Name Mic	ddle Name	Last Name	9				
	otor 2 ouse if, filing)	Larry Donnell Pope First Name Mic	ddle Name	Last Name)				
Uni	ted States Bankr	ruptcy Court for the: EASTE	RN DISTRICT OF VIRG	SINIA					
	se number 17-	33450					_	if this is an ed filing	
	ficial Form ficial Form find the first fill for the fill for the fill fill fill fill fill fill fill fil	106E/F : Creditors Who Ha	nve Unsecured	Claims	S		amenu	12/15	
ny Sche Sche eft.	executory contractedule G: Executory edule D: Creditors Attach the Continue and case number		d result in a claim. Also lies (Official Form 106G). Droperty. If more space is nave no information to rep	ist executo o not inclu needed, co	ry contract de any cre py the Part	s on Schedule A/B: P ditors with partially s you need, fill it out, r	roperty (Official Fori ecured claims that a number the entries ir	m 106A/B) and of re listed in n the boxes on th	n ne
Pai	t 1: List All o	f Your PRIORITY Unsecured	Claims						
1.	_	have priority unsecured claims a	gainst you?						
	☐ No. Go to Part	2.							
	Yes.								
2.	identify what type of possible, list the cl	iority unsecured claims. If a credi of claim it is. If a claim has both pric aims in alphabetical order accordin n one creditor holds a particular cla	ority and nonpriority amount g to the creditor's name. If y	ts, list that o	laim here a	nd show both priority a	nd nonpriority amount	s. As much as	
	(For an explanatio	n of each type of claim, see the inst	tructions for this form in the	instruction	booklet.)	Total claim	Priority amount	Nonpriority amount	
2.1	DCSE		Last 4 digits of accour	nt number	4056	\$3,994.00	\$3,994.00	\$0.	00
	Suite 200	aulic Road	When was the debt inc	curred?					
		sville, VA 22901 et City State Zlp Code	As of the date you file,	the claim	is: Check a	II that apply			
		e debt? Check one.	☐ Contingent	, uic ciaiii	is. Offect a	п шасарріу			
	■ Debtor 1 only		☐ Unliquidated						
	Debtor 2 only		☐ Disputed						
	Debtor 1 and		Type of PRIORITY uns	secured cla	im:				
	_	of the debtors and another	■ Domestic support ob	oligations					
	☐ Check if this	claim is for a community debt	Taxes and certain ot	ther debts y		•			
	Is the claim sub	ject to offset?	☐ Claims for death or p	personal inj	ury while yo	u were intoxicated			

Other. Specify
Child Support Arrears

■ No ☐ Yes Case 17-33450-KLP Doc 24 Filed 07/28/17 Entered 07/28/17 11:41:43 Desc Main Document Page 20 of 57

Debtor 2 Larry Donnell Pope		Case number (if know)	17-33450	
2.2 Internal Revenue Service Priority Creditor's Name Proceedings & Insolvencies PO Box 21126	Last 4 digits of account number When was the debt incurred?	6443 Unknown 2017	Unknown	Unknown
Philadelphia, PA 19114-0326				
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.	☐ Contingent			
☐ Debtor 1 only	☐ Unliquidated			
Debtor 2 only	Disputed			
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:		
\square At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	Taxes and certain other debts y	you owe the government		
Is the claim subject to offset?	☐ Claims for death or personal inj	=		
No	☐ Other. Specify			
☐ Yes	2017 Incor	ne Tax		
2.3 Internal Revenue Service	Last 4 digits of account number	\$525.00	\$525.00	\$0.00
Priority Creditor's Name Proceedings & Insolvencies PO Box 21126	When was the debt incurred?	2016	-	
Philadelphia, PA 19114-0326				
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
_	☐ Unliquidated			
■ Debtor 2 only	☐ Disputed			
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:		
\square At least one of the debtors and another	☐ Domestic support obligations			
\square Check if this claim is for a community debt	Taxes and certain other debts y	you owe the government		
Is the claim subject to offset?	Claims for death or personal inj	jury while you were intoxicated		
■ No	Other. Specify			
Yes	2016 Fede	ral Income Tax		
2.4 Spotsylvania County Treasurer Priority Creditor's Name	Last 4 digits of account number	2563 \$2,481.43	\$2,481.43	\$0.00
PO Box 9000 Spotsylvania, VA 22553	When was the debt incurred?	2011-2016	_	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.	☐ Contingent			
■ Debtor 1 only	☐ Unliquidated			
Debtor 2 only	☐ Disputed			
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:		
☐ At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	Taxes and certain other debts y	you owe the government		
Is the claim subject to offset?	Claims for death or personal inj			
■ No	Other. Specify			
☐ Yes		Property Taxes		

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De	btor 2 Larry Donnell Pope		Case nun	nber (if know)	17-33450	
2.5	Spotsylvania County Treasurer Priority Creditor's Name	Last 4 digits of account number	5885	\$273.92	\$273.92	\$0.00
	PO Box 9000	When was the debt incurred?	2011-2016		_	
	Spotsylvania, VA 22553 Number Street City State Zlp Code	As of the date you file, the claim	is: Chook all th	at apply	_	
	Who incurred the debt? Check one.	Contingent	is. Check all th	ат арріу		
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of PRIORITY unsecured cla	im·			
	At least one of the debtors and another	☐ Domestic support obligations	uiii.			
	_	_				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	■ Taxes and certain other debts y□ Claims for death or personal in	-			
	No	_	ury wrille you w	ere intoxicated		
	☐ Yes	Other. Specify	Property Ta	axes		
_						
2.6		Last 4 digits of account number	6736	\$2,823.61	\$2,823.61	\$0.00
	Priority Creditor's Name PO Box 9000 Spotsylvania, VA 22553	When was the debt incurred?			-	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all th	at apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	■ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	iim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts	ou owe the gov	rernment		
	Is the claim subject to offset?	☐ Claims for death or personal in	_			
	■ No	☐ Other. Specify				
	Yes		Property Tax	kes		
2.7	Virginia Department of Tay	Last 4 digits of account number	0764	\$2,629.98	\$2,629.98	\$0.00
2.1	Virginia Department of Tax Priority Creditor's Name	Last 4 digits of account number	0704	\$2,029.90	\$2,029.90	\$0.00
	600 East Main Street Richmond, VA 23219	When was the debt incurred?	5/7/2014		-	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all th	at apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	■ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	iim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts	ou owe the gov	rernment		
	Is the claim subject to offset?	Claims for death or personal in	ury while you w	ere intoxicated		
	■ No	Other. Specify				
	Yes	1/1/2011-1	2/31/2011 F	TR		
Pa	rt 2: List All of Your NONPRIORITY Unsecu	ured Claims				
3.	Do any creditors have nonpriority unsecured clain	ns against you?				
	No. You have nothing to report in this part. Submit		schedules.			
	Yes.	and the second s				
4.	List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2.	laim. For each claim listed, identify wl	nat type of claim	it is. Do not list cla	aims already included in Par	rt 1. If more

Total claim

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Debto	2 Larry Donnell Pope		Case number (if know)	17-33450	
4.1	Allied Collection Services	Last 4 digits of account number	51N1		\$160.00
	Nonpriority Creditor's Name 8550 Balboa Blvd Suite 232	When was the debt incurred?	Opened 03/13		
	Northridge, CA 91325 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharing	•		
	Yes	Other. Specify Collection	Attorney Nutribullet	LIC	
4.2	American Family Fitness Nonpriority Creditor's Name	Last 4 digits of account number			\$1,991.00
	4200 Innslake Drive Suite 104	When was the debt incurred?			
	Glen Allen, VA 23060-6772 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	-	-	
	■ No	Debts to pension or profit-sharing		ebts	
	Yes	Other. Specify Gym Memb	ership		
4.3	Anderson Propane Nonpriority Creditor's Name	Last 4 digits of account number	0282		\$1,672.16
	PO Box 300 Fredericksburg, VA 22404	When was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or diverse	that you did not	
	Is the claim subject to offset?	report as priority claims	nanon agreement of divorce	urat you did not	
	■ No	Debts to pension or profit-sharing		ebts	
	Yes	Other. Specify Propane Se	ervice		

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Debtor 1 Elnora Elizabeth Pope

Debtor	2 Larry Donnell Pope		Case number (if know)	17-33450	
4.4	Berks Credit & Collections Nonpriority Creditor's Name	Last 4 digits of account number	4728	_	\$1,895.00
	RE: Greenway Neurology PO Box 329	When was the debt incurred?	05/01/09		
	Temple, PA 19560-0329 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	☐ Yes	Other. Specify Medical Co	llection		
4.5	Boleman Law Firm, PLC Nonpriority Creditor's Name	Last 4 digits of account number	0048	_	\$896.21
	2104 W. Laburnum Avenue Suite 201	When was the debt incurred?	2014		
	Richmond, VA 23227	-			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-sharir		ebts	
	Yes	Other. Specify Legal Fees			
4.6	Caine & Weiner Nonpriority Creditor's Name	Last 4 digits of account number		_	\$300.00
	RE: Cortez Inc DBA In The Swim PO Box 5010	When was the debt incurred?			
	Woodland Hills, CA 91365 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar de	ebts	
	☐ Yes	■ Other Specify Collections			
		- Other. Opeony			

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Debtor	2 Larry Donnell Pope		Case number (if know)	17-33450	
4.7	Capital Accounts Nonpriority Creditor's Name	Last 4 digits of account number	8277	_	\$190.00
	Po Box 140065	When was the debt incurred?	Opened 09/14		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	☐ Yes	Other. Specify Clinic	Attorney Rappahann	ock Equine	
4.8	Chrysler Financial Services Nonpriority Creditor's Name	Last 4 digits of account number	2300	_	\$5,992.65
	PO Box 961275 Fort Worth, TX 76161	When was the debt incurred?	02/22/11		
•	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Deficiency	Balance Judgment		
4.9	Comenitycapital/yrtui	Last 4 digits of account number	2213	_	\$4,762.00
	Nonpriority Creditor's Name Comenity Bank Po Box 182125	When was the debt incurred?	Opened 10/15		
	Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	■ Other. Specify Charge Acc	count		

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Larry Donnell Pope				
Credit One Bank Na	Last 4 digits of account number	4192		\$468.0
Nonpriority Creditor's Name Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 03/15		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans	d claim:		
□ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	e that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar d	ebts	
Yes	Other. Specify Credit Card	d		
Creditors Collection Service/CCS Nonpriority Creditor's Name	Last 4 digits of account number	3179		\$651.00
Po Box 21504 Roanoke, VA 24018	When was the debt incurred?	Opened 02/17		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce	e that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar d	ebts	
☐ Yes	■ Other. Specify Collection Frederic	Attorney Radiologic	Assoc Of	
Creditors Collection Service/CCS	Last 4 digits of account number	0531		\$801.25
Nonpriority Creditor's Name Po Box 21504 Roanoke, VA 24018	When was the debt incurred?			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce	e that you did not	
s the claim subject to offset?	report as priority claims			
No	☐ Debts to pension or profit-sharing	ng plans, and other similar d	ebts	
☐ Yes	■ Other. Specify Collection			

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	Larry Donnell Pope		Case number (if know)	17-33450	
4.1	Department of Child Support En	Last 4 digits of account number	4056		\$272.52
3	Nonpriority Creditor's Name				<u> </u>
	2211 Hydraulic Road Suite 200	When was the debt incurred?			
	Charlottesville, VA 22901				
	Number Street City State Zlp Code	As of the date you file, the claim is:	Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separa report as priority claims	ation agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar de	ebts	
	☐ Yes	■ Other. Specify Attorney Fee	for DCSE		
		— Other. Opecity			
4.1	Dish Network		3892		\$660.00
4	Nonpriority Creditor's Name	Last 4 digits of account number	3032		\$660.00
	9601 S. Meridian Blvd. Englewood, CO 80112	When was the debt incurred?	10/01/13		
	Number Street City State Zlp Code	As of the date you file, the claim is:	Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separa	ation agreement or divorce	that you did not	
	No	report as priority claims Debts to pension or profit-sharing	plane, and other similar de	ahte	
	_		pians, and other similar de	5013	
	☐ Yes	Other. Specify TV Service			
4.1 5	First Choice Bank Nonpriority Creditor's Name	Last 4 digits of account number	4000		\$300.00
	840 Route 33	When was the debt incurred?			
	Trenton, NJ 08619	_			
	Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply		
	Who incurred the debt? Check one.	_			
	Debtor 1 only	Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separa report as priority claims	ation agreement or divorce	that you did not	
	No	Debts to pension or profit-sharing	plans, and other similar de	ebts	
	Yes				
	■ res	Other. Specify Credit			

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	_			
First Credit Corporati	Last 4 digits of account number	0019		\$2,316.0
Nonpriority Creditor's Name Po Box 9300 Rouldor, CO 90301	When was the debt incurred?	Opened 03/16		
Boulder, CO 80301 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	Student loans			
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
☐ Yes	Other. Specify Installment	Sales Contract		
First Premier	Last 4 digits of account number	5361		\$808.0
Nonpriority Creditor's Name 601 S Minneapolis Ave	When was the debt incurred?	Opened 01/16		
Sioux Falls, SD 57104 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply		
Who incurred the debt? Check one.	•			
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
Check if this claim is for a community	Student loans			
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar de	ebts	
☐ Yes	Other Specify Credit Card	l		
First Premier		9655		\$286.0
Nonpriority Creditor's Name	Last 4 digits of account number			Ψ200.0
601 S Minneapolis Ave Sioux Falls, SD 57104	When was the debt incurred?	Opened 12/14		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.	_			
Debtor 1 only	☐ Contingent			
Debtor 2 only	Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
At least one of the debtors and another	Student loans	u vialili.		
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce	that you did not	
No	Debts to pension or profit-sharin	ng plans, and other similar de	ebts	
■ No	Other. Specify Credit Card			

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-				
Fredericksburg Anesthesia Asso	Last 4 digits of account number	3549		\$250.0
Nonpriority Creditor's Name PO Box 927 Fredericksburg, VA 22404	When was the debt incurred?	08/01/11		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
□Yes	Other. Specify Medical			
Fredericksburg Emer. Med. Asso	Last 4 digits of account number	3820		\$119.0
Nonpriority Creditor's Name PO Box 22587 Baltimore, MD 21203	When was the debt incurred?	03/01/12		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community debt	Student loans			
dept Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
☐ Yes	Other. Specify Medical			
Fredericksburg Emergency Med	Last 4 digits of account number	959		\$572.2
Nonpriority Creditor's Name PO Box 888	When was the debt incurred?			
Fredericksburg, VA 22401 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.	•	, , , , , , , , , , , , , , , , , , , ,		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
☐ Yes	■ Other. Specify Medical			

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Fredericksburg Emergency Med	Last 4 digits of account number	3354		\$900.0
Nonpriority Creditor's Name PO Box 888 Fredericksburg, VA 22401	When was the debt incurred?	11/01/10		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
□ Yes	Other. Specify Medical			
Fredericksburg Orthopaedic	Last 4 digits of account number	0600		\$745.00
Nonpriority Creditor's Name 3310 Fall Hill Avenue	When was the debt incurred?	03/18/12		
Fredericksburg, VA 22401 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.	ne of the date you me, me olum	io. Chook an that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
□ Yes	■ Other. Specify Medical Ju			
Gasterology Associates of Fred Nonpriority Creditor's Name	Last 4 digits of account number	4687		\$256.00
1031 Care Way Fredericksburg, VA 22401	When was the debt incurred?	06/01/11		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
□ Yes	Other. Specify Medical			

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Debtor 1 Elnora Elizabeth Pope

Debt	or 2 Larry Donnell Pope		Case number (if know)	17-33450	
4.2	IC System	l and 4 dimits of an arms arms are	2001		\$400.00
5	Nonpriority Creditor's Name RE: Getachew Woldeher MD 444 Hwy 99 East, PO Box 64378	Last 4 digits of account number When was the debt incurred?	06/01/09		\$400.00
	Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Medical Co	llection		
4.2	Insight Physicians, PC	Last 4 digits of account number	2548		\$110.00
6	Nonpriority Creditor's Name				Ψ110.00
	2006 Bremo Road Suite 101	When was the debt incurred?	06/01/11		
	Richmond, VA 23226 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Medical			
4.2 7	Internal Revenue Service	Last 4 digits of account number			Unknown
	Nonpriority Creditor's Name Proceedings & Insolvencies PO Box 21126	When was the debt incurred?	01/20/09		
	Philadelphia, PA 19114-0326 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separate a priority aloine.	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims	a plane and attended	ala ta	
	■ No	Debts to pension or profit-sharin	•	ะมเธ	
	☐ Yes	Other. Specify 2009 Feder	ai Tax Lien		

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Debtor 1 Elnora Elizabeth Pope

Deb	tor 2 Larry Donnell Pope	Case number (if know) 17-33450	
4.2	IRS	Last 4 digits of account number	Unknown
8	Nonpriority Creditor's Name 400 N. 8th Street, Box 76 Stop Room 898	When was the debt incurred? 1999	Olikilowii
	Richmond, VA 23219 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Tax Balance	
4.2 9	Main Street	Last 4 digits of account number 6450	\$1,299.00
	Nonpriority Creditor's Name 2877 Paradise Road Unit 30 Las Vegas, NV 89109	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other Specify Services	
		— Other. Opecity	
4.3 0	Mary Washington Healthcare	Last 4 digits of account number 4919	\$4,477.80
	Nonpriority Creditor's Name 2300 Fall Hill Avenue Suite 101	When was the debt incurred?	
	Fredericksburg, VA 22401 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical	

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Debto	Larry Donnell Pope		Case number (if know)	17-33450	
4.3	Mary Washington Healthcare	Last 4 digits of account number	3500	\$725.10)
	Nonpriority Creditor's Name 2300 Fall Hill Avenue	When was the debt incurred?	04/10/14		_
	Suite 101 Fredericksburg, VA 22401 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce t	hat you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	ots	
	Yes	Other. Specify Medical Ju-	dgment		
4.3	Mary Washington Healthcare	Last 4 digits of account number	8500	\$344.00)
	Nonpriority Creditor's Name 2300 Fall Hill Avenue Suite 101	When was the debt incurred?	01/28/10		_
	Fredericksburg, VA 22401 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce t	hat you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar deb	ots	
	Yes	Other. Specify Medical Ju	dgment		
4.3	NCO Finance	Last 4 digits of account number	9520	\$564.00)
	Nonpriority Creditor's Name RE: Progressive Insurance	When was the debt incurred?	2006		
	PO Box 15636 Wilmington, DE 19850	The same and a same and a same and a same a	2000		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce t	hat you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	ug plana, and other similar deli	, to	
	■ No			N2	
	Yes	Other. Specify Insurance	Collections		

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NCO Finance	Last 4 digits of account number	4780	\$250.00
Nonpriority Creditor's Name RE: Blue Nile Medical Center PO Box 15636	When was the debt incurred?	02/01/13	
Wilmington, DE 19850 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	• •		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not
No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts
☐Yes	Other. Specify Medical Co	llections	
			.
Neurology Associates of Fred	Last 4 digits of account number	0200	\$1,359.00
Nonpriority Creditor's Name 220 Executive Center Parkway Fredericksburg, VA 22401	When was the debt incurred?	10/14/11	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Vho incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	e that you did not
No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts
☐ Yes	Other. Specify Medical Ju	dgment	
New Millennium Bank	Look & divide of account months	7289	\$540.00
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ340.00
57 Livingston Avenue New Brunswick, NJ 08903	When was the debt incurred?	04/01/07	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separate as priority aloins.	aration agreement or divorce	that you did not
Is the claim subject to offset?	report as priority claims	a plane, and other similes -	obto
■ No	☐ Debts to pension or profit-sharin	• •	EUIS
☐ Yes	Other. Specify Purchase C	Goods	

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	or 2 Larry Donnell Pope	Case number (if know) 17-33450	
4.3 7	PMAB, LLC	Last 4 digits of account number 6944	\$572.00
1	Nonpriority Creditor's Name 4135 South Stream Blvd Suite 400 Charlotte, NC 28217	When was the debt incurred? Opened 01/17	•
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Attorney Medical	
		— Office: Opening	
4.3 8	Primary Care Family Care Nonpriority Creditor's Name	Last 4 digits of account number	\$66.00
	9763 Courthouse Road Spotsylvania, VA 22553	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify Medical	
4.3 9	Radiology Associates of Rich	Last 4 digits of account number 3395	\$2,873.00
	Nonpriority Creditor's Name PO Box 13343 Richmond, VA 23225	When was the debt incurred? 03/01/09	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Teport as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other. Specify Medical	
	□ 163	■ Other. Specify	

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Raymond Haston	Last 4 digits of account number			\$2,864.
Nonpriority Creditor's Name Riverside Tapp. Hospital 14393 Hereford Road	When was the debt incurred?			
Woodbridge, VA 22193 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply		
Who incurred the debt? Check one.	•	от от том от		
☐ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	e that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar d	ebts	
Yes	Other. Specify Medical			
Raymond Haston	Last 4 digits of account number	3500		\$1,525.
Nonpriority Creditor's Name Riverside Tapp. Hospital	When was the debt incurred?	07/16/12		
14393 Hereford Road Woodbridge, VA 22193 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	e that you did not	
No	Debts to pension or profit-sharin	a plans, and other similar d	obte	
■ No □ Yes	Other. Specify Medical Jud	• •	ebis	
— 163	otner: Specify	agmon.		
Spotsylvania County Treasurer Nonpriority Creditor's Name	Last 4 digits of account number			\$352.
PO Box 9000 Spotsylvania, VA 22553	When was the debt incurred?	2013		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	aration agreement or divorce	e that you did not	
Is the claim subject to offset?	report as priority claims	· ·	•	
■ No	Debts to pension or profit-sharing		ebts	
□Yes	■ Other. Specify 2013 Prope	erty Taxes		

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Debtor 1 Elnora Elizabeth Pope

Larry Donnell Pope		
Spotsylvania Regional Medical	Last 4 digits of account number 8380	\$614.
Nonpriority Creditor's Name PO Box 99400	When was the debt incurred?	
Louisville, KY 40269 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify Medical	
Sprint c/o ER Solutions	Last 4 digits of account number	\$813
Nonpriority Creditor's Name		****
800 SW 39th Street	When was the debt incurred?	
PO Box 9004 Renton, WA 98057		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
• • •		
Yes	Other. Specify Collections	
The Country Doctor	Last 4 digits of account number 5000	\$145
Nonpriority Creditor's Name 35070 Germanna Heights Drive	When was the debt incurred? 12/4/11	
Suite A	12411	
Locust Grove, VA 22508		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_	Пол	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Medical Judgment	

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Debtoi Debtoi	Elnora Elizabeth Pope Larry Donnell Pope		Case number (if know) 17-33450	
4.4	The Imaging Center for Women	Last 4 digits of account number	2700	\$519.80
	Nonpriority Creditor's Name 12000 Kennedy Lane Suite 100 Fredericksburg, VA 22407	When was the debt incurred?	01/28/10	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	aration agreement or divorce that you did not	
	■ No □ Yes	Other. Specify Medical Ju	,	
4.4	Tuition Solution Nonpriority Creditor's Name	Last 4 digits of account number	2213	\$5,045.76
	PO Box 659622 San Antonio, TX 78265-9622	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other Specify Student Lo	an	
4.4	Verizon	Last 4 digits of account number	0001	\$2,041.00
	Nonpriority Creditor's Name Verizon Wireless Bankruptcy Administrati	When was the debt incurred?	Opened 10/11	
	500 Tecnolgy Dr Ste 500 Weldon Springs, MO 63304 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	a plane, and other similar debts	
	■ No □ Yes		y pians, and other similal debts	
	□ res	Other. Specify		

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2 Larry Donnell Pope	Case number (if know) 17-33450	
	Last 4 digits of account number	Unknown
PO Box 2156	When was the debt incurred? 1999	
Richmond, VA 23218	As of the date you file the claim is: Check all that apply	
	As of the date you file, the claim is. Check all that apply	
_	☐ Contingent	
<u> </u>		
_	4	
_		
Is the claim subject to offset?		
_		
Li Yes	Other. Specify 1 axes	
Virginia Department of Tax	Last 4 digits of account number 3558	Unknown
	When was the debt incurred? 7/10/2000	
	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
☐ Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
_	Disputed	
	·	
debt	_	
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify 1/1/97-12/31/97	
	Last 4 digits of account number 9545	\$900.00
	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No		
Yes	■ Other. Specify Overdraft Bank Account	
	Virginia Department of Tax Nonpriority Creditor's Name PO Box 2156 Richmond, VA 23218 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Virginia Department of Tax Nonpriority Creditor's Name 600 East Main Street Richmond, VA 23219 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Wells Fargo Bank Nonpriority Creditor's Name PO Box 6995 Portland, OR 97228 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community Check if this claim is	Virginia Department of Tax Nonpriority Creditor's Name PO Box 2156 Number Street City State 2 pt Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another sich this claim is for a community debt at the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another list the claim subject to offset? Nonpriority Creditor's Name Od East Main Street Richmond, VA 23218 Nonpriority Creditor's Name Odbers 2 only Debtor 1 and Debtor 2 only Debtor 2 and 1

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Elnora Elizabeth Pope Larry Donnell Pope		Case number (if know) 17-33450
Name and Address Axis Insurance Company 994 Old Egle School Road Suite 1005 Wayne, PA 19087	On which entry in Part 1 or Part 2 did y Line 4.38 of (Check one):	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
• ,	Last 4 digits of account number	
Name and Address CFC Defic Rec/ TD Auto Finance PO Box 551080 Jacksonville, FL 32255	On which entry in Part 1 or Part 2 did y Line 4.8 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	_	
Name and Address Concentinial Credit Control 22n Milpas Street Suite C Santa Barbara, CA 93103	On which entry in Part 1 or Part 2 did y Line 4.29 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did y	vou list the original creditor?
Equidata RE: Insight Physicians 724 Thimble Shoals Blvd. Newport News, VA 23606	Line 4.26 of (Check one):	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address ER Solutions 800 SW 39th Street PO Box 9004 Renton, WA 98057	On which entry in Part 1 or Part 2 did y Line 4.14 of (Check one):	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Remon, WA 30037	Last 4 digits of account number	
Name and Address Focused Recovery Solutions RE: Spotsylvania Regional Med 9701 Metroplotan Ct., Ste B Richmond, VA 23236	On which entry in Part 1 or Part 2 did y Line 4.43 of (Check one):	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address IC System PO Box 64437 Saint Paul, MN 55164	On which entry in Part 1 or Part 2 did y Line 4.48 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	On which entry in Part 1 or Part 2 did y Line 4.28 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Internal Revenue Service Proceedings & Insolvencies PO Box 21126 Philadelphia, PA 19114-0326	On which entry in Part 1 or Part 2 did y Line 4.28 of (Check one):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
1 madeipma, 1 A 13114 0020	Last 4 digits of account number	
Name and Address Midland Funding LLC Recoser LLC 22 SE 2nd Avenue, Ste. 1120 Miami, FL 33131-1605	On which entry in Part 1 or Part 2 did y Line 4.48 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did y	Vou list the original creditor?
MW Hithcare Registered Agt LLC	Line 4.31 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F

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Debtor 1 Elnora Elizabeth Pope Larry Donnell Pope		Case number (if know)	17-33450		
2300 Fall Hill Avenue Ste 509 Fredericksburg, VA 22401		Part 2: Creditors with Nonpriority Unsecured Claims			
Tredeficksburg, VA 22401	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2				
National Fitness RE: American Family Fitness	Line 4.2 of (Check one):	Part 1: Creditors with Prior			
1645 E. Highway 193, Ste 101 Layton, UT 84040-8529		■ Part 2: Creditors with Nonpriority Unsecured Claim			
Layton, 61 64040 6020	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?			
ODC Revovery Services	Line 4.30 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
12000 Kennedy Lane Suite 100		Part 2: Creditors with Nonpriority Unsecured Claims			
Fredericksburg, VA 22407					
3,	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Radiologic Associates of Fred. PO Box 7819	Line 4.11 of (Check one):	Part 1: Creditors with Priority Unsecured Claims			
Fredericksburg, VA 22404		Part 2: Creditors with Nonpriority Unsecured Claims			
Troublinessary, VA 22404	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?			
Walter J. Sheffield	Line 4.40 of (<i>Check one</i>):	Part 1: Creditors with Prior	•		
RE: Riverside Tapp. Hospital PO Box 7906		Part 2: Creditors with None	priority Unsecured Claims		
Fredericksburg, VA 22404					
<u>. </u>	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?			
Walter J. Sheffield	Line 4.41 of (Check one):	Part 1: Creditors with Prior	•		
RE: Riverside Tapp. Hospital PO Box 7906		Part 2: Creditors with Nonp	priority Unsecured Claims		
Fredericksburg, VA 22404					
-	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	3,994.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	8,733.94
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	12,727.94
				1	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	55,663.70
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	55,663.70

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		I A MAINING	111 1000.4101.01	
Fill in this info	ormation to identify your	case:		
Debtor 1	Elnora Elizabeth	Pope		
	First Name	Middle Name	Last Name	
Debtor 2	Larry Donnell Pop	ре		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	17-33450			
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Aarons
RE: Bankruptcy
3333 S. Crater Road
Petersburg, VA 23805

Debtors will retain collateral and continue terms of lease agreement.

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		Document	Page 42 of 57	_
Fill in thi	s information to identify your case:			
Debtor 1	Elnora Elizabeth Pope			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, f	Larry Donnell Pope First Name	Middle Name	Last Name	
(Spouse II, I	iling) Filst Name i	viiddie Name	Last Name	
United St	ates Bankruptcy Court for the: EAST	ERN DISTRICT OF VIR	GINIA	
Case nur	nber 17-33450			
(if known)				☐ Check if this is an
				amended filing
Officia	al Form 106H			
<u>Scne</u>	dule H: Your Codebto	ors		12/15
ill it out, our nam	e filing together, both are equally res and number the entries in the boxes e and case number (if known). Answ b you have any codebtors? (If you are	on the left. Attach the A er every question.	dditional Page to this page. On the t	
		3 ,		
□ No				
■ Ye	es			
	thin the last 8 years, have you lived in na, California, Idaho, Louisiana, Nevada			
■ No	o. Go to line 3.			
□ Ye	es. Did your spouse, former spouse, or le	egal equivalent live with y	ou at the time?	
in lin Forn	olumn 1, list all of your codebtors. Do se 2 again as a codebtor only if that po n 106D), Schedule E/F (Official Form 1 Column 2.	erson is a guarantor or	cosigner. Make sure you have listed	the creditor on Schedule D (Official
	Column 1: Your codebtor			reditor to whom you owe the debt
	Name, Number, Street, City, State and ZIP Code		Check all schedu	ules that apply:
			_	
3.1	Donald Smith 5220 Dickerson Road		☐ Schedule D,	
	Partlow, VA 22534		■ Schedule E/	
	·		☐ Schedule G	County Treasurer
			opotoj:vama (Journey Trouburo.
0.0	James Daniell Daniel		-	
3.2	Larry Donell Pope 5220 Dickerson Road		☐ Schedule D,	
	Partlow, VA 22534		■ Schedule E/ □ Schedule G	
				ton Healthcare
			. ,	

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Fill	in this information to identif	y your case:		
Del	btor 1 Elnoi	ra Elizabeth Pope		
1 -	btor 2 Larry	Donnell Pope		
Uni	ited States Bankruptcy Cou	rt for the: EASTERN DISTRIC	T OF VIRGINIA	
Cas	se number 17-33450			Check if this is:
Ľ.	nown)		_	☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:
$\overline{\mathbf{O}}$	fficial Form 106	<u>l</u>		MM / DD/ YYYY
S	chedule I: You	r Income		12/15
sup spo atta	plying correct information use. If you are separated	n. If you are married and not fil and your spouse is not filing w s form. On the top of any addit	ing jointly, and your spouse vith you, do not include infor	tor 1 and Debtor 2), both are equally responsible for is living with you, include information about your rmation about your spouse. If more space is needed, e and case number (if known). Answer every question.
1.	Fill in your employment information.	:	Debtor 1	Debtor 2 or non-filing spouse
	If you have more than on		■ Employed	☐ Employed
	attach a separate page w		☐ Not employed	■ Not employed

Self Employed

LLC

Partlow Quality Adult Care

5220 Dickerson Road Partlow, VA 22534

10 Years

For Debtor 2 or

For Debtor 1

Part 2: **Give Details About Monthly Income**

Occupation

Employer's name

Employer's address

How long employed there?

information about additional

Include part-time, seasonal, or

Occupation may include student or homemaker, if it applies.

self-employed work.

employers.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

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Debt Debt		Elnora Elizabeth Pope Larry Donnell Pope		Case	number (if known)	17-3	3450		
					Debtor 1	non	Debtor :	pouse	
	Cop	by line 4 here	4.	\$_	0.00	\$_		0.00	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.00	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		0.00	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		0.00	_
	5e.	Insurance	5e.	\$_	0.00	\$_		0.00	_
	5f.	Domestic support obligations	5f.	\$_	0.00	\$_		0.00	-
	5g.	Union dues	5g.	\$_	0.00	, \$_		0.00	=
_	5h.		_ 5h.+	· -		+ \$_		0.00	-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$		0.00	=
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ _	0.00	\$_		0.00	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	5,415.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$_		0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		0.00	-
	8d.		8d.	\$ -	0.00	\$_		0.00	-
	8e.	Social Security	8e.	\$_	0.00	\$_		0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		0.00	-
	8g.	Pension or retirement income	_ 8g.	\$	0.00	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$		0.00	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,415.00	\$		0.00	D
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,415.00 + \$_		0.00	= \$	5,415.00
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule and the contributions from an unmarried partner, members of your household, your der friends or relatives. International contributions already included in lines 2-10 or amounts that are not a scify:	depen				S <i>chedule</i> 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resulter that amount on the Summary of Schedules and Statistical Summary of Certain lies					12.	\$	5,415.00
13.	Doy	you expect an increase or decrease within the year after you file this form?	•					Combir monthl	ned y income
		No.							

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E 311	in this informa	ation to identify	our ages			Ī		
FIII	in this informa	ation to identify yo	our case:					
Deb	otor 1	Elnora Elizal	beth Pop	e			ck if this is:	
1	Debtor 2 Spouse, if filing) Larry Donnell Pope					An amended filing A supplement show 13 expenses as of	ving postpetition chapter the following date:	
` '	, 0,	. 6 . (. 1		DN DICTRICT OF VIDOIN	11.4	-	MM / DD / \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Unit	ted States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF VIRGIN	IIA		MM / DD / YYYY	
	se number 17	7-33450						
0	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	ises				12/15
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Par		ribe Your House	hold					
1.	Is this a joir							
	Yes. Doe	es Debtor 2 live	in a separ	ate household?				
	■ N □ Y	-	st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Deb	tor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				Daughter		31	□ No ■ Yes
								□ No
					Patient		64	■ Yes
								□ No □ Yes
								□ No
2	Da		_					☐ Yes
3.	expenses o	penses include of people other t d your depende	han _{. □}	No Yes				
exp	imate your ex	a date after the l	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4. \$;	1,775.67
	If not include	ded in line 4:	-					
		estate taxes erty, homeowner's	s or renter	's insurance		4a. \$ 4b. \$		0.00
		•		ipkeep expenses		4c. \$		100.00
		owner's associat	•			4d. \$	i	0.00
5.	Additional i	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

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6. Willies: Sa. Electricity, heat, natural gas Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. S. 320,00 Sc. Childcare and children's education costs Sc. Childcare and children's education costs Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, Internet, satellite, and cable services Sc. Selphone, cell phone, satellite, and cable services Sc. Selphone, ce		tor 1 Elnora Elizabeth Pope tor 2 Larry Donnell Pope	Case number (if kn	nown) 17-33450	
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, linternet, statellite, and cable services 6c. \$ 320.00 6d. Other, Specify. 6d. \$ 0.00 7. \$ 463.00 8. Childcare and children's education costs 7. \$ 6.30 8. \$ 10.00 9. Clothing, laundry, and dry cleaning 9. \$ 5.50.00 9. Personal care products and services 10. \$ 200.00 10. Personal care products and services 11. \$ 100.00 11. Medical and dental expenses 11. \$ 100.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 150.00 13. Elentraliment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance 15. Life insurance 15. Life insurance 15. Life insurance 15. \$ 175.00 155. Life insurance 156. \$ 256.00 157. Vehicle insurance 157. \$ 256.00 158. Vehicle insurance 159. \$ 289.00 159. Specify: 16. \$ 0.00 170. Car payments for Vehicle 1 171. Car payments for Vehicle 2 172. Car payments for Vehicle 1 173. \$ 0.00 174. Other, Specify. A aron's rental furniture 176. \$ 0.00 177. Other, Specify. 100.00 178. Your payments of Vehicle 2 179. Other, Specify. 100 170. Other, Specify. 100 171. Other, Specify. 100 172. Other, Specify. 100 173. Other, Specify. 100 174. Other, Specify. 100 175. Other payments of vehicle 2 176. Other, Specify. 100 177. Other, Specify. 100 178. Your payments of vehicle 2 179. Other payments of vehicle 3 179. Other payments of vehicle 2 170. Other payments of vehicle 3 170. Other, Specify. 100 170. Other payments of vehicle 1 170. Other payments of vehicle 2 170. Other payments of vehicle 2 170. Other payments of vehicle 3 170. Other payments of vehicle 3 170. Other payments of vehicle 3 170. Other payments of vehicle 4 170. Other, Specify. 100 170. Other payments of vehicle 1 170. Other payments of vehicle 1 170. Other payments of vehicle 1 170. Other payments of vehicle 2 170. O	6.	Utilities:			
6c. Telephone, call phone, latenet, satellite, and cable services 6d. do. Cher. Specify. 6d. s. 0.00 7. Food and housekeeping supplies 7. \$ 643.00 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 50.00 10. Personal care products and services 10. \$ 200.00 11. Medical and dental expenses 11. \$ 200.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 150.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 15. Insurance 16. Left insurance deducted from your pay or included in lines 4 or 20. 15. Left insurance 15. \$ 256.00 15. Vehicle insurance 15. \$ 256.00 15. Vehicle insurance 15. \$ 256.00 15. Leath insurance 15. \$ 256.00 15. Car payments for Vehicle 2 1 1 1 2 5 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17. Car payments for Vehicle 2 1 7 5 0.00 17. Car payments for Vehicle 2 1 7 5 0.00 17. Car payments for Vehicle 2 1 7 5 0.00 17. Car payments for Vehicle 2 1 7 5 0.00 17. Other. Specify. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6a. Electricity, heat, natural gas	6a. \$	300	.00
6 d. Other, Specify: 7 Food and housekeeping supplies 8		6b. Water, sewer, garbage collection	6b. \$	0	0.00
7. Sod and housekeeping supplies 7. \$ \$ \$ \$ \$ \$ \$ \$ \$		6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	320	.00
8. Childcare and children's education costs 9. Clothing, laundry, and for cleaning 9. \$ 5.000 10. Personal care products and services 11. \$ 100.00 11. Medical and dental expenses 11. \$ 100.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 150.00 13. Entertrainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable corributions and religious donations 14. \$ 0.00 15. Insurance. 15. Insurance. 15. \$ 175.00 150. Health insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance. 15b. \$ 255.00 15b. Health insurance. 15c. Vehicle		6d. Other. Specify:	6d. \$	0	.00
0. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. S 200.00 11. Medical and dental expenses 11. S 100.00 12. Transportation, include gas, maintenance, bus or train fare. Do not include car psymenses 13. S 150.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 158. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. 159. Life insurance 150. S 2556.00 150. Vehicle insurance 150. S 289.00 150. Vehicle insurance 150. S 289.00 150. Vehicle insurance 150. S 289.00 151. Vehicle insurance spearly: 152. Car payments for Vehicle 2 153. S 289.00 154. S 289.00 155. Vehicle insurance spearly: 156. S 289.00 157. Car payments for Vehicle 2 177. S 2. 0.00 178. S 2. 0.00 179. Car payments for Vehicle 2 170. S 2. 0.00 170. Car payments for Vehicle 2 170. S 2. 0.00 170. Cher Specify: 170. Car payments for Vehicle 2 170. S 2. 0.00 170. Other Specify: 170. Car payments of unique, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 180. S 2. 0.00 190. Vehicle specify: 190. Other payments of unique, maintenance, and support that you did not report seducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 180. S 200. S 200. 0.00 180. Vehicle specify: 180. S 200. S 200. 0.00 180. Vehicle specify: 180. S 200. S 200. 0.00 180. Vehicle specify: 180. S 200. 0	7.	Food and housekeeping supplies	7. \$	643	.00
10. Personal care products and services 11. \$ 100.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 150.00 13. \$ 150.00 14. Charitable contributions and religious donations 15. Insurance. 16. Insurance. 17. Insurance. 17. Insurance. 18. Insurance. 19. Insurance. 19	8.	Childcare and children's education costs	8. \$	0	.00
11. Medical and dental expenses Drawn broad dental expenses for Debtor 2), if any, from Official Form 106J-2 Drawn broad dental expenses from broad dental expenses dental expenses or decrease because of a modification to the terms of your monthly expenses or decrease broad expenses Drawn broad decrease or decrease in your expenses within the year after your life this form? Drawn Drawn broad decrease or decrease in your expenses within the year after your life this form? Drawn Drawn broad decrease or decrease in your expenses within the year of do	9.	Clothing, laundry, and dry cleaning	9. \$	50	.00
12. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.90 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 158. Life insurance 159. Health insurance 150. Health insurance 150. \$ 256.00 150. Health insurance. 151. \$ 256.00 150. Uher insurance. \$ 150. \$ 289.00 151. Other insurance. \$ 200.00 151. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 150. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 170. Car payments for Vehicle 1 171. Car payments for Vehicle 1 172. Car payments for Vehicle 1 173. Car payments for Vehicle 1 174. \$ 0.00 175. 0.00 176. Other. Specify: Aaron's rental furniture 176. \$ 300.00 177. Correst Specify: Aron's rental furniture 177. \$ 300.00 178. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 180. Other payments you make to support others who do not live with you. 190. Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20f. Calculate your monthly expenses from line 22c above. 21. Other result is your monthly expenses from line 22c above. 23a. Copy your monthly expenses from line 22c above. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract y	10.	Personal care products and services	10. \$	200	.00
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22c. Add line 22a and 22b. The result is your monthly expenses. \$ 4,758.67 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 5,415.00 23b. Copy your monthly expenses from line 22c above. 23b. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly net income. 23c. \$ 656.33 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		S Comment of the comm	• —	4,758.6	7_
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23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 5,415.00 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$ 656.33 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,758.6	7
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The result is your monthly net income. 23c. \$ 656.33 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		23c. Subtract your monthly expenses from your monthly income.			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.			23c. \$	656	5.33
☐ Yes. Explain here:	24.	For example, do you expect to finish paying for your car loan within the year or do you expect yo modification to the terms of your mortgage? No.			use of a
		Yes. Explain here:			

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Fill in this infor	rmation to identify your c	ase:		
Debtor 1	Elnora Elizabeth P	•		
5 1	First Name	Middle Name	Last Name	
Debtor 2	Larry Donnell Pop	e		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	OF VIRGINIA	
Case number	17-33450			
(if known)				Check if this is an amended filing
Official For	m 106Dec			ů.
Declara	tion About a	n Individual	Debtor's Schedules	12/15

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below								
Di	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?								
	No								
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)						
tha	der penalty of perjury, I declare that I have read the summary and they are true and correct.	and s							
Х	767 = 1110 to = 1110 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	^	/s/ Larry Donnell Pope						
	Elnora Elizabeth Pope		Larry Donnell Pope						
	Cignature of Dobtor 1		Cianatura of Dahtor 2						
	Signature of Debtor 1		Signature of Debtor 2						

Official Form 106Dec

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Fill i	n this info	rmation to identify you	r case:						
Debt		Elnora Elizabeth							
Debt	01 1	First Name	Middle Name	Last Name					
Debt		Larry Donnell Po	-						
(Spous	se if, filing)	First Name	Middle Name	Last Name					
Unite	ed States E	Sankruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA					
Case	number	17-33450							
(if know	wn)				_	heck if this is an mended filing			
						G			
Offi	icial F	orm 107							
			Affairs for Individ	duals Filing for B	ankruptcy	4/16			
inforr	nation. If per (if kno	more space is needed, wn). Answer every que	attach a separate sheet to	this form. On the top of any	equally responsible for sup additional pages, write you				
	•	our current marital statu		Elveu Belore					
] [■ Marrie								
2. [During the	the last 3 years, have you lived anywhere other than where you live now?							
	_	mg and table years, have you mad any midro onto, than midro you monon.							
[■ No □ Yes. I	ist all of the places you l	ived in the last 3 years. Do no	ot include where you live now					
	Debtor 1	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
				-	ity property state or territory co, Texas, Washington and W				
ı	■ No								
Ī	_	Make sure you fill out Sch	hedule H: Your Codebtors (Ot	fficial Form 106H).					
Part	2 Exp	ain the Sources of You	r Income						
F	Fill in the to	otal amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?			
[□ No								
ı	Yes. I	Fill in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		1 of current year until led for bankruptcy:	☐ Wages, commissions,	\$33,645.00	☐ Wages, commissions,	\$0.00			
	aco you ii	iou for building uptoy.	bonuses, tips		bonuses, tips				
			Operating a business		☐ Operating a business				

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17-33450 **Larry Donnell Pope** Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$24,371.00 \$3,714.00 ☐ Wages, commissions, ☐ Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips Operating a business Operating a business \$34,268.00 For the calendar year before that: \$98,755.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe **Navy Federal Credit Union** 06/15/17 \$1,000.00 \$0.00 ☐ Mortgage PO Box 3000 ☐ Car Merrifield, VA 22119 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other Secured Credit

Card

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Debtor 1 Elnora Elizabeth Pope
Debtor 2 Lorry Page 18 Page 147 22/450

Debtor 2	Larry Donnell Pope		Cas	se number (if known)	17-33450			
<i>Insi</i> of w a bu	hin 1 year before you filed for bankrupto iders include your relatives; any general par which you are an officer, director, person in usiness you operate as a sole proprietor. 11 nony.	rtners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their votin	erships of which yo g securities; and ar	u are a general pany managing ager	artner; corporations nt, including one fo		
	No							
	Yes. List all payments to an insider.							
Ins	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	s payment		
ins	hin 1 year before you filed for bankrupto ider? ude payments on debts guaranteed or cosi		ments or transfer a	any property on a	ccount of a debt	that benefited an		
	No							
	Yes. List all payments to an insider							
Ins	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi			
Part 4:	Identify Legal Actions, Repossession	s. and Foreclosures						
List	hin 1 year before you filed for bankrupto all such matters, including personal injury							
mod	difications, and contract disputes.							
	No							
	Yes. Fill in the details.							
	se title ise number	Nature of the case	Court or agency		Status of the case			
Eli	ary Washington Hospital V. nora Pope /16002173-00	Warrant in Debt	Spotsylvania County Circuit Court PO Box 96 9107 Judicial Center Lane		□ Pending□ On appeal■ Concluded			
			Spotsylvania, \	VA 22553	Judgment			
Che ■ □	hin 1 year before you filed for bankrupto eck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	shed, attached, s	eized, or levied? Value of the		
OI.	editor Name and Address	bescribe the Property		Date		property		
		Explain what happened	d					
	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.							
Cr	editor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount		
	hin 1 year before you filed for bankrupto ırt-appointed receiver, a custodian, or ar		erty in the possess	ion of an assigne	e for the benefit	of creditors, a		
	No Yes							
_								

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Del	otor 2 Larry Donnell Pope	Case numb	per (if known) 17-33450					
Par	t 5: List Certain Gifts and Contribution	ns						
13.	_	uptcy, did you give any gifts with a total value of mor	e than \$600 per person	?				
	NoYes. Fill in the details for each gift.							
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$60	00 Describe the gifts	Dates you gave	Value				
	per person	Doconiae the gine	the gifts	raido				
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankr	ruptcy, did you give any gifts or contributions with a t	otal value of more than	\$600 to any charity?				
	No No							
	Yes. Fill in the details for each gift or c							
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	ŕ	Dates you contributed	Value				
Dor		•						
Par	List Certain Losses							
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for bankruptcy, did you lose a	nything because of thef	t, fire, other disaster				
	■ No							
	☐ Yes. Fill in the details.							
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost				
	now the loss occurred	Include the amount that insurance has paid. List pendin insurance claims on line 33 of Schedule A/B: Property.	g	1031				
_		. ,						
Par	t 7: List Certain Payments or Transfers	S						
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.							
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid	Description and value of any property	Date payment	Amount of				
	Address Email or website address	transferred	or transfer was made	payment				
	Person Who Made the Payment, if Not \	ou ou	made					
	Ragland & Ragland. PLC	Debtor paid \$310.00 filimg fee for	6/20/17 and	\$2,000.00				
	PO Box 5791 Glen Allen, VA 23058	Chapter 13 bankruptcy, and \$1,690.00 attorney fee	7/5/17					
	Bryan@raglandlegal.com	attorney rec						
17	Within 1 year before you filed for bankru	ptcy, did you or anyone else acting on your behalf pa	av or transfer any prope	rty to anyone who				
		ditors or to make payments to your creditors?	ay or manoror any prope	ity to uniyone inio				
	■ No							
	Yes. Fill in the details.							
	Person Who Was Paid	Description and value of any property	Date payment	Amount of				
	Address	transferred	or transfer was made	payment				

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Elnora Elizabeth Pope Debtor 2 Larry Donnell Pope

Case number (if known) 17-33450

18.	8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Person Who Received Transfer Address	Description and v property transferr		Describe any property or payments received or debts paid in exchange	Date transfer was made			
	Person's relationship to you							
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a sel	it-settled trust or similar device	of which you are a			
	Yes. Fill in the details.							
	Name of trust	Description and v	alue of the proper	ty transferred	Date Transfer was made			
Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	t Boxes, and Stora	ge Units				
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, associated No	or other financial accour	nts; certificates of					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 yearsh, or other valuables?	year before you filed for	bankruptcy, any s	safe deposit box or other depos	sitory for securities,			
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the contents	Do you still have it?			
22.	Have you stored property in a storage unit of	or place other than your	home within 1 yea	ar before you filed for bankrupt	cy?			
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the contents	Do you still have it?			
Par	t 9: Identify Property You Hold or Control	for Someone Else						
23.	Do you hold or control any property that so for someone.	meone else owns? Inclu	ude any property y	ou borrowed from, are storing	for, or hold in trust			
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe the property	Value			
Par	t 10: Give Details About Environmental Info	ormation						
For	the purpose of Part 10, the following definiti	ons apply:						

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

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Debtor 1 Elnora Elizabeth Pope Debtor 2 Larry Donnell Pope

Case number (if known) 17-33450

Employer Identification number

27-3637641

From-To 08/2010 - present

Dates business existed

EIN:

Do not include Social Security number or ITIN.

	toxic substances, wastes, or material into the regulations controlling the cleanup of these st		dwater, or other medium, including st	tatutes or				
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic s	substance,				
Rep	port all notices, releases, and proceedings that	you know about, regardless of whe	n they occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environm	ental law?				
	■ No							
	☐ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of an	y release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admin	istrative proceeding under any env	ironmental law? Include settlements	and orders.				
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Pai	rt 11: Give Details About Your Business or Co	·						
		·	ou of the fallowing connections to an	v hvoinees?				
21.	Within 4 years before you filed for bankruptcy	•		y business?				
	A sole proprietor or self-employed in a		•					
	A member of a limited liability compan	y (LLC) or limited liability partnersh	ip (LLP)					
	☐ A partner in a partnership 							
	☐ An officer, director, or managing execu	utive of a corporation						
	☐ An owner of at least 5% of the voting o	or equity securities of a corporation						
	No. None of the above applies. Go to Par	t 12.						
	Yes Check all that apply above and fill in	the details below for each business	e					

Business Name

(Number, Street, City, State and ZIP Code)

5220 Dickerson Road

Partlow, VA 22534

Partlow Quality Adult Care LLC

Address

Describe the nature of the business

Name of accountant or bookkeeper

Home Healthcare

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☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:							
Debtor 1	Elnora Elizabeth Pope						
Debtor 2 (Spouse, if filing)	Larry Donnell Pope						
United States E	Sankruptcy Court for the: Eastern District of Virginia						
Case number (if known)	17-33450						

Check	Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

			Colum Debto		Column Debtor non-fili	-
Your gross wages, salary, tips, bonuses, over payroll deductions).	time, ar	nd commissions (before all	\$	0.00	\$	0.00
 Alimony and maintenance payments. Do not in Column B is filled in. 	iclude pa	ayments from a spouse if	\$	0.00	\$	0.00
of you or your dependents, including child sup from an unmarried partner, members of your hous and roommates. Include regular contributions fron filled in. Do not include payments you listed on lin Net income from operating a business, profession, or farm	sehold, y n a spou	your dependents, parents,	\$	0.00	\$	0.00
Gross receipts (before all deductions)	\$	5,415.00				
Ordinary and necessary operating expenses	-\$	0.00				
Net monthly income from a business, profession, or farm	\$	5,415.00 Copy here ->	\$	5,415.00	\$	0.00
6. Net income from rental and other real property	y De	ebtor 1				
Gross receipts (before all deductions)		\$				
Ordinary and necessary operating expenses		-\$ 0.00				
Net monthly income from rental or other real prop	orty	\$ 0.00 Copy here ->	. \$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 17-33450-KLP Doc 24 Filed 07/28/17 Entered 07/28/17 11:41:43 Desc Main Document Page 56 of 57

Total average monthly income 2. Copy your total average monthly income from line 11. 3. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ Total \$ 0.00 Copy here=> 0. \$ 5,415.00 At Your current monthly income. Subtract line 13 from line 12. \$ 5,415.00 Multiply line 15a by 12 (the number of months in a year).	ebtor 2	Larry Donnell Pope			Case numbe	r (<i>if kn</i> ov	_{vn)} 17-33450)	
Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2. Copy your total average monthly income from line 11. 3. Calculate the marriat adjustment. Check one: You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 5. 5.415.00 4. Your current monthly income. Subtract line 13 from line 12. 5. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 heres Multiply line 15a by 12 (the number of months in a year).							Debtor 2 on non-filing	or	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. O. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2. Copy your total average monthly income from line 11. 3. Calculate the marital adjustment. Check one: You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse tax liability or the spouse's support of someone other than you or your dependents	7. Inte	erest, dividends, and royalties			\$	0.0	<u> </u>	0.00	
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Determine How to Measure Your Deductions from Income Determine How to Measure Your Deductions from Income Statistical adverage monthly income from Ine 11.			·····'						
0. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received a work of the social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income 2. Copy your total average monthly income from line 11. 3. Calculate the marital adjustment. Check one: You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is rifling with you. Fill in 0 below. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ 0.00 Copy here> - 0. 4. Your current monthly income. Subtract line 13 from line 12. \$ 5,415.00 Multiply line 14 here> \$ 5,415.00 Multiply line 15a by 12 (the number of months in a year).			amount received that v	was a	\$	0.0	0 \$	0.00	
Total amounts from separate pages, if any. 1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 1. Calculate wour total average monthly income from line 11. 2. Copy your total average monthly income from line 11. 3. Calculate the marital adjustment. Check one: 2. You are not married. Fill in 0 below. 3. You are married and your spouse is filing with you. Fill in 0 below. 4. You are married and your spouse is average and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. 4. Your current monthly income. Subtract line 13 from line 12. 5. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here 4. Your current monthly line 15a by 12 (the number of months in a year).	Do rec dor	not include any benefits received under the Soci eived as a victim of a war crime, a crime against mestic terrorism. If necessary, list other sources of	al Security Act or payments humanity, or internation	ents nal or	\$	0.0	<u>0</u> \$	0.00	
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each column. Then add the Total for Column A to the total for Column B. S 5,415.00		Total amounts from separate pages, if any		+	\$	0.0	0 \$	0.00	
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15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12		•						Ľ-	
Multiply line 15a by 12 (the number of months in a year).			•					æ	5,415.00
0 04 000 00	18							Φ	
15b. The result is your current monthly income for the year for this part of the form		Multiply line 15a by 12 (the number of month	ns in a year).					X	12
	15	5b. The result is your current monthly income fo	r the year for this part of	f the form				\$	64,980.00

Elnora Elizabeth Pope

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Debto Debto		Larry Donnell Pope		Case number (if known)	17-33450
16	. Cal	culate the median family income that applies to y	ou. Follow these steps	:	
	16a	. Fill in the state in which you live.	VA		
	4.01	Eili is the country of a contain is completely			
		Fill in the number of people in your household.	4		s 97,731.00
	160	Fill in the median family income for your state and To find a list of applicable median income amounts		nk specified in the separate	\$ <u>97,731.00</u>
		instructions for this form. This list may also be available			
17		v do the lines compare?			
	17a	Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
	17b	 Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 a 	ulation of Your Dispos		
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Cop	by your total average monthly income from line 1	1.		\$\$,415.00
19.	con	luct the marital adjustment if it applies. If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13.			our
		. If the marital adjustment does not apply, fill in 0 on	line 19a.		-\$0.00
	19h	. Subtract line 19a from line 18.			s 5,415.00
	100	Capitage line 13a from line 16.			Ψ
20.	Cal	culate your current monthly income for the year.	Follow these steps:		
	20a	. Copy line 19b			\$5,415.00
		Multiply by 12 (the number of months in a year).			x 12
	20b	. The result is your current monthly income for the y	ear for this part of the fo	orm	\$64,980.00
					07 724 00
	20c	. Copy the median family income for your state and	size of household from	line 16c	\$ 97,731.00
	21.	How do the lines compare?			
		Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the court	, on the top of page 1 of this f	orm, check box 3, The commitment
		Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise ordered	by the court, on the top of pa	ge 1 of this form, check box 4, The
Pari	t 4:	Sign Below			
	By s	signing here, under penalty of perjury I declare that t	he information on this s	statement and in any attachme	ents is true and correct.
)	(/s/	Elnora Elizabeth Pope	χ /s	/ Larry Donnell Pope	
•	EI	nora Elizabeth Pope	La	arry Donnell Pope	
	•	gnature of Debtor 1		gnature of Debtor 2	
	Date	July 27, 2017 MM / DD / YYYY	Da	MM / DD / YYYY	
	If yo	ou checked 17a, do NOT fill out or file Form 122C-2.			
	If yo	ou checked 17b, fill out Form 122C-2 and file it with t	this form. On line 39 of	that form, copy your current m	nonthly income from line 14 above.

Elnora Elizabeth Pope